

ROCHDALE EDUCATIONAL PSYCHOLOGY SERVICE
REQUEST FOR EDUCATIONAL PSYCHOLOGY INVOLVEMENT (CHILD)

Name:	Date of Birth:	Gender (M/F)
Address:	School:	
Postcode:	Year Group:	
Home Telephone No:	Language of the Home:	
Name of Parent(s)/Guardian(s):	Ethnic Group:	

What are your main concerns?

Completed by:
 (Name of teacher completing this consultation form)

Designation: **Date:**

To be completed by parent/person responsible:

- I give consent for the Educational Psychologist to observe, interview and assess my child.
- I give consent for information on my child held by the school to be shared with the Educational Psychologist.
- I give my consent for information and recommendations resulting from the assessment to be shared with other professionals who are involved with my child.

Signature: **Date:**